

SCHEDULE M

Form 740
42A740-M

Commonwealth of Kentucky
REVENUE CABINET

**KENTUCKY
FEDERAL ADJUSTED GROSS INCOME
MODIFICATIONS**

Attach to Form 740.

1999

Enter name(s) as shown on tax return.

Your Social Security Number

Grid for Social Security Number

**PART I—ADDITIONS TO FEDERAL
ADJUSTED GROSS INCOME**

A. Spouse (Use if Filing Status 2 is checked.)

B. Yourself (or Joint)

Dollars

Cents

Dollars

Cents

1 Enter interest income from bonds issued by other states and their political subdivisions 1

Grid for Part I A Line 1

Grid for Part I B Line 1

2 Enter self-employed health insurance deduction from federal Form 1040, line 28 2

Grid for Part I A Line 2

Grid for Part I B Line 2

3 Enter additions from partnerships, fiduciaries and S corporations 3

Grid for Part I A Line 3

Grid for Part I B Line 3

4 Other additions (specify):

(a) _____

(b) _____

(c) _____

4

Grid for Part I A Line 4

Grid for Part I B Line 4

5 Total Additions. Enter here and on Form 740, page 1, line 10 5

Grid for Part I A Line 5

Grid for Part I B Line 5

**PART II—SUBTRACTIONS FROM FEDERAL
ADJUSTED GROSS INCOME**

6 Enter state income tax refund or credit reported as income on federal Form 1040 6

Grid for Part II A Line 6

Grid for Part II B Line 6

7 Enter interest income from U.S. government bonds and securities 7

Grid for Part II A Line 7

Grid for Part II B Line 7

8 Enter excludable amount of retirement income (attach Schedule P if more than \$35,700) 8

Grid for Part II A Line 8

Grid for Part II B Line 8

9 Enter taxable amount of Social Security and Railroad Retirement Board benefits from federal Form 1040, line 20(b) (1040A, line 13(b)) 9

Grid for Part II A Line 9

Grid for Part II B Line 9

10 Enter long-term care insurance premiums 10

Grid for Part II A Line 10

Grid for Part II B Line 10

11 Enter 70% of health insurance premiums 11

Grid for Part II A Line 11

Grid for Part II B Line 11

12 Enter subtractions from partnerships, fiduciaries and S corporations 12

Grid for Part II A Line 12

Grid for Part II B Line 12

13 Other subtractions (specify):

(a) _____

(b) _____

(c) _____

13

Grid for Part II A Line 13

Grid for Part II B Line 13

14 Total Subtractions. Enter here and on Form 740, page 1, line 12 14

Grid for Part II A Line 14

Grid for Part II B Line 14

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